

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Enforcement Operations</u> STATEMENT NUMBER <u>5.94</u>
SUBJECT: ADMINISTRATIVE HOME CONFINEMENT AND ELECTRONIC MONITORING PROPONENT: <u>John Sanfilippo, Warden</u> <i>Name/Title</i> <u>Commissioner's Office 271-8016</u> <i>Office Phone #</i>	EFFECTIVE DATE <u>06/01/06</u> REVIEW DATE <u>06/01/07</u> SUPERCEDES PPD# <u>5.94</u> DATED <u>03/15/05</u>
ISSUING OFFICER: <hr/> <i>William Wrenn, Commissioner</i>	DIRECTOR'S INITIALS _____ DATE _____ APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

- I. **PURPOSE:**
To establish and implement guidelines for an electronic monitoring program requiring confinement to the residence as a condition of probation/parole and for certain incarcerated offenders.
- II. **APPLICABILITY:**
To all staff and offenders
- III. **POLICY:**
It is the policy of the Department of Corrections to fully and safely implement the provisions of RSA 651:25, while making maximum use of available assets. This policy establishes an electronic monitoring program to include eligible and approved inmates and appropriate court-ordered offenders.
- IV. **PROCEDURE:**
The following general criteria are provided for guidance and are not intended to be the sole determining selection factors:
 - A. Electronic Monitoring is designed to provide a moderate to high level of offender supervision by assisting the Probation/Parole Officer (PPO) in verifying offender compliance. It is a tool to enhance supervision and not meant or intended as a substitute for face to face contact between the supervising PPO and the offender.
 - B. Offenders who meet the requirements for C-2 status and who have served a minimum of 90 days at a state prison facility, not including county pre-trial time, may submit an application for Administrative Home Confinement (AHC) provided they are not convicted of any offense contained in IV, H. At the time of application, eligible offenders shall have a verified, established residence and employment. Offenders without employment may be considered provided they have reasonable prospects for employment or an acceptable alternative and a verified ability to pay for monitoring.

- C. Eligible offenders must be New Hampshire residents with no plans of relocating to another state during the electronic monitoring period. The offender must agree to maintain option free (i.e. no call waiting, Internet, answering machine, etc) telephone service in their residence at all times at their own expense.
- D. Referrals should be felony level offenders who would, but for the existence of the home confinement provision under RSA 651:2V and the electronic monitoring program, be incarcerated.
- E. Offenders who have a high-risk score and are in need of a highly structured program may be considered. This is true especially with offenders who require structured activities beyond employment, self-improvement pursuits and the fulfillment of basic needs. Such offenders may require strict and close monitoring that cannot be accomplished by standard probation/parole supervision or curfew restrictions.
- F. Offenders selected for the Electronic Monitoring Program must complete the attached electronic Monitoring Program Agreement (attachment 4) prior to placement on electronic monitoring.
- G. Sources of offender referral for the program are limited to the following areas:
 - 1. Parole Board order of special condition for new parolees.
 - 2. Technical and non-violent probation and parole violators in lieu of a full return to custody.
 - 3. PSI recommendations to the Superior Court submitted after consultation with the Chief Probation/Parole Officer (CPPO). The offender must sign the appropriate forms prior to appearing in Court.
 - 4. Offenders approved for Parole who are beyond their minimum release date and who have an approved residence but no employment, providing an indigent placement is available.
 - 5. AHC offenders who are approved by the commissioner.
- H. Offenders sentenced to State Prison for the following offenses are **NOT** eligible for the Electronic Monitoring Program:
 - 1. Capital, First Degree, or Second Degree Murder
 - 2. Attempted Murder
 - 3. Manslaughter
 - 4. Aggravated Felonious Sexual Assault, Felonious Sexual Assault, or Sexual Assault
 - 5. First Degree Assault
 - 6. The controlling sentence is a parole violation
 - 7. Escape
 - 8. Two or more DWI's in the past five (5) years
 - 9. Two or more probation/parole or AHC revocations in the past five (5) years
 - 10. All other felonies will be considered on a case by case basis, as well as prior criminal and motor vehicle histories.
- I. Inmates who currently have outstanding charges in other states, in which the state will not lodge a detainer, are not precluded from applying.

V. INSTITUTIONAL APPLICANT PROCEDURES:

- A. At all C-3 and below unit reclassification boards, AHC will be discussed with the offender and the AHC information made available by the Case Counselor/Case Manager (CC/CM). Offenders who meet the requirements for C-2 status will be reviewed and considered for AHC by the Unit Manager and CC/CM. Those who have an established support system within the community (i.e. family, employment, civic/religious activities as well as any necessary community-based treatment programming) shall be encouraged to apply for AHC, upon attaining C-2 status. The CC/CM will provide the application.

Halfway House residents shall be considered for AHC by the CC/CM. The CC/CM shall conduct 30-day reviews on eligible residents to determine if AHC is appropriate and

document this in the offender's file. Should the offender refuse, the offender shall be considered for a transfer to another housing unit.

B. Each application will contain the following facts:

1. The applicant has or is likely to obtain full time employment or an educational opportunity and is able to meet the financial obligations (written verification of employment or rationale describing why the applicant believes they will secure employment or education may speed up investigative time, (attachment 6);
2. Verification that the applicant has or can secure an acceptable place to live;
3. The applicant will pay or arrange for the full cost of maintaining the electronic monitoring device and its associated services;
4. The applicant will pay or arrange for the full cost of maintaining telephone service to the approved residence;
5. The applicant waives any rights that may restrict, in any way, full searches and inspections of their person, property, possessions or work places and that those with whom they may reside waive any such rights they may have;
6. The applicant agrees to return from any location when so ordered by Corrections authorities for any reason, or for no reason at all, and waives any rights to extradition or the due process associated in any way therewith;
7. The applicant understands that failure to be at the specified place at the specified time or tampering with electronic monitoring devices or failure to return to the Prison voluntarily constitutes escape or attempted escape and will result in return to prison to face additional administrative and judicial penalties.

C. Application Process:

1. The offender will initiate the application process with the assistance of the CC/CM. The CC/CM will gather information that will include the following documents:
 - a. Application (attachment 1)
 - b. Pre-Parole/AHC Interview Form (attachment 2)
 - c. Routing Sheet (attachment 3)
 - d. Electronic Monitoring Agreement (attachment 4)
 - e. Pre-Sentence Investigation, if available;
 - f. Parole/probation violation, if applicable
 - g. Treatment Transfer Plan
 - h. Mittimus
 - i. Employer Notice of Intent to Hire Form (attachment 6) (offenders shall work shifts that will enable their return home by 10:00 p.m.)
 - j. A signed housing agreement
 - k. Criminal and Motor vehicle records checks
2. The CC/CM shall request a synopsis and a current New England States criminal and motor vehicle records checks on the applicant from Offender Records will be completed within five days for inclusion in the packet. Within the 5 day period, Offender Records will return the completed synopsis to the CC/CM and send an original to the appropriate Clerk of Court with copies to the County Attorney or Attorney General's Office giving them 21 days in which to make an objection.
3. The CC/CM will review the entire application with the Unit Manager for compliance with the policy and appropriateness and forward to the facility's classification office within 48 hours. The CC/CM shall review the victim/witness notification on the Automated Prison System's (APS) Precautions/Keep Away Screen. If victim/witness notification is required, the CC/CM shall inform the Victim Service Office and note this on the AHC Routing Sheet (attachment 3).
4. Classification will make a recommendation and forward the packet to the Warden/Director of Community Corrections on the next business day. The Warden/Director of Community Corrections will forward the packet, if recommended to Offender Records.

Upon approval of the Warden/Director of Community Corrections, Offender Records will send an original synopsis to the appropriate Clerk of Court with copies to the County Attorney or Attorney General's Office giving them twenty-one (21) days in which to make an objection and simultaneously forward the packet to Field Services.

5. The Field Services Central Office logs the packet and forwards it to the respective District Office within one business day. Investigations sent to the District Office will be completed within 15 days of being received in the District Office. If unable to complete the investigation within the 15 days, or if there are correctable issues that require additional time to make the plan more viable, the Director of Field Services will be informed. The Director may grant an extension. The results of the investigation are forwarded to the Field Services Director who will submit a recommendation to the Commissioner no later than the next business day.
 6. Any new disciplinary reports shall result in additional review and reconsideration by the Warden/Director of Community Corrections.
- D. Approved placement into status:
1. Approved applicants may be placed into AHC status at a date selected by the Commissioner subsequent to judicial approval or non-objection
 2. Applicants are elevated to C-1 status upon being placed on AHC status.
 3. Offenders who fail to obtain employment through their own actions or lack of initiative will be returned. Offenders who have not obtained employment due to the fact that a more structured job search, job counseling or life skills counseling is necessary may be placed in a halfway house. Offenders who have not obtained employment through no fault of their own and who do not need additional structure will continue on AHC status with continued monitoring of their efforts.
- E. Approval notification:
1. Once approved by the Commissioner, the routing sheet will be returned to the Field Services Central Office. Central Office will then fax the approval to the assigned District Office, the CC/CM, Offender Records and the monitoring company. Field Services will forward the approved packet to Offender Records for filing.
 2. Offender Records will coordinate a release date with the monitoring company and Field Services.
 3. Offender Records will contact Inmate Accounts and the unit/facility in which the offender is housed. All inmates will be out-processed and given pictures and ID cards.
- F. Denial notification:
1. Applications denied by the Warden/Director of Community Corrections will be returned to Offender Records for notification to the inmate and originator and for filing. The reason for denial shall be noted on the routing sheet.
 2. Applications denied by the Commissioner will be returned to the Field Services Central Office. The Central Office staff will fax a copy of the routing sheet to the assigned Probation/Parole Officer (PPO) and forward the original packet to Offender Records for notification to the inmate and filing.
 3. The applicant can receive a copy of the routing sheet and their application form, if requested. Final denials cannot be appealed. Should the applicant later choose to reapply, the application will state what has changed from the earlier disapproved application and shall be a new, separate and complete application.
 4. For Court denials, Offender Records will notify all concerned.
- G. Offenders approved for this program are supervised initially in accordance with the risk/needs assessment. The supervising PPO shall submit a progress report to the Parole Board for consideration at the offender's parole hearing.
- H. PPOs are authorized to add special conditions of behavior as a requirement for supervision. Compliance with standard conditions of probation/parole is expected of the offender.
- I. PPOs are authorized to approve attendance at treatment programs or other activities that are consistent with the offender's rehabilitation and positive transition to the community.

- J. All offenders who are placed on AHC after the effective date of this policy change shall have a maximum of a 10:00 p.m. curfew. Curfews may be earlier at the discretion of the PPO.
- K. In consonance with paragraph IV F of PPD 2.16, persons performing PPO duties are designated part-time members of the prison security force empowering them as officers to arrest and detain offenders who have or are escaping by violating the AHC agreement involved or who are violating rules set forth in RSA 651:25 III.
- L. Offenders who are on AHC status and cannot be located by their supervising PPO, shall be reported to the Investigations Unit as being in escape status. Investigations shall implement procedures outlined in PPD 5.02 - Fugitive Apprehension. Subsequent changes will be coordinated between Investigations and Field Services until the matter is resolved.
- M. Should the offender's behavior not be acceptable, they will be taken into custody and returned to confinement if necessary. AHC offenders may be returned to the closest appropriate state prison facility. Field Service staff can request transportation assistance from the prison when necessary. The pending administrative review (PAR) process may be used with a detailed report serving as the complaint (see PPD 5.25). PPOs, corrections' officers or any other law enforcement officer may make or assist in such arrest and return to custody. Upon arrival at the confining facility, the PPO shall complete a disciplinary report on the offender. On-site staff will assist in completing the report. Standard disciplinary procedures shall be followed in accordance with PPD 5.25.
- N. When an offender escapes from AHC, the PPO will notify investigations via prison control, who will follow established escape procedures.
- O. Offenders released to AHC will be responsible for the cost of their own medical, dental and mental health care and will not receive these services from the Department of Corrections. Offenders who are on yellow medications at the time of their release to AHC will be responsible for checking with their facility's medical staff regarding arrangements for having these medications after release.

VI. NON-INSTITUTIONAL APPLICANTS PROCEDURES:

- A. The client information form as specified by vendor, will be completed and forwarded to the vendor to establish the offender's schedule and allowed "window" periods etc.
- B. Offenders selected for the Electronic Monitoring Program will be instructed to report to the appropriate district office, or other appropriate location, at which time equipment installation will be coordinated and accomplished by company trained field staff.
- C. The assigned PPO will review the Electronic Monitoring Program Contract (attachment 4) with the offender and provide payment instruction. Offenders must be prepared to pay three weeks in advance. Payment must be made by money order or bank check only, no personal checks. The cost of the program may vary depending upon the contract with the vendor and any other program obligations imposed upon the offender. Indigent offenders who are otherwise eligible may still be considered for program participation, as for every 10 units in use, two have been set aside for indigent offenders. The same may be true for offenders on the program who lose their job or are unable to meet the per day contract price.
- D. Each monitoring case shall have a fully completed face sheet including a photo.

VII. PROCEDURES FOR ALL ELECTRONIC MONITORING CASES:

- A. In the event of a system "alert" during duty hours, the supervising PPO will be expected to respond to the situation. The offender's home will be contacted if appropriate to resolve the matter or the PPO will respond as appropriate.
- B. During non-duty hours, prison control will be contacted by the monitoring center. The prison control officer will contact the PPO designated for response to emergency calls.
- C. PPOs who must investigate an alert should attempt to verify the offender's presence via telephone. The vendor should also be contacted for technical information relating to the reported violation. If the offender's equipment has malfunctioned but their presence has been verified, the PPO will make arrangements to replace the equipment at the next reasonable

- opportunity.
- D. In the event a PPO must respond to a violation, arrangements shall be made for back up assistance with local law enforcement authorities or other PPOs. All arrests of offenders shall be reported pursuant to PPD 5.07.

REFERENCES:

Standards for the Administration of Correctional Agencies
Second Edition. Standards

Standards for Adult Correctional Institutions
Fourth Edition. Standards

Standards for Adult Community Residential Services
Fourth Edition. Standards

Standards for Adult Probation and Parole Field Services
Third Edition. Standards

Other

RSA 651:2V
PPD 5.02 Fugitive Apprehension

SANFILIPPO/pf

Attachments

APPLICATION FOR ADMINISTRATIVE HOME CONFINEMENT

TO: Commissioner of Corrections

- 1) I request to be approved for Administrative Home Confinement, in accordance with the provisions of PPD 5.94.
- 2) I am parole eligible or will be parole eligible on _____.
- 3) I have obtained full-time employment or can obtain full-time employment.
- 4) I have enrolled in a full-time educational program or intend to enroll in a full-time educational program, if required.
- 5) I have an approvable residence and have notified all persons living there of the conditions under which I must live.
- 6) I will pay or arrange to pay for the full cost of maintaining the electronic monitoring device and its associated services as will be stated in the electronic monitoring program agreement. I will pay three (3) weeks in advance prior to hookup.
- 7) I will arrange for having and maintaining option-free (no call waiting, internet, answering machine, etc.) telephone service at the residence stated above.
- 8) I waive any rights that may restrict, in any way, full searches and inspections of my person, property, possessions or workplace(s). Those persons with whom I reside will also waive any such rights that they may have.
- 9) I agree to return to New Hampshire State Prison from anywhere I may be when so ordered by Corrections authorities for any reason, or for no reason at all and waive any rights I may have to extradition or due process associated in any way therein.
- 10) I understand that failure to be at the specified place at the specified time or tampering with electronic monitoring devices constitutes escape and will result in return to prison to face additional administrative and judicial penalties.
- 11) I understand that inmates enrolled in the Administrative Home Confinement Program are responsible for the costs of their own medical care and will not receive medical services from the Department of Corrections. If I am currently on any yellow medications, I will check with my facility's medical staff regarding arrangements for insuring that I have these medications upon release, if needed.

(NOTE: All other attachments must be completely filled out, signed and accompany this page in order for the application to be processed).

Date

Inmate Signature

STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS

PRE-PAROLE/AHC INTERVIEW FORM

INSTRUCTIONS:

Please read and complete all information. Failure to do so may result in the disapproval of your plan. If you have problems or questions please see your counselor.

FOR PAROLE USE:

Once the form is completed, please send to your CC/CM. Once approved for parole, the plan will be sent to the appropriate probation/parole officer or UM for investigation. If your plan is disapproved, you will be informed of the reasons in writing. You then must submit a new plan for consideration.

FOR AHC USE:

Please submit completed application to your counselor.

DATE: _____

CHECK IF PV: _____

NAME: _____ BOOKING #: _____ MPD: _____

DOB: _____ SS #: _____

SUMMARY OF OFFENSE: _____

HOME PLAN:

1) ADDRESS/PHONE #: _____

2) NAME OF LANDLORD/PHONE #: _____

3) WHO WILL BE LIVING IN THE HOME WITH YOU? (Full names, relationship to you, and if they are adults, their date of birth):

4) ARE ANY CURRENT OR FORMER VICTIMS RESIDING IN THE RESIDENCE? IF YES, EXPLAIN:

- 5) ARE THERE ANY FIREARMS, ALCOHOL, OR ILLEGAL DRUGS IN THE RESIDENCE? IF YES, EXPLAIN:

- 6) DO ALL OCCUPANTS OF THE RESIDENCE UNDERSTAND THERE CAN BE NO FIREARMS, ALCOHOL OR ILLEGAL DRUGS IN THE RESIDENCE? _____
- 7) DO ALL OCCUPANTS OF THE RESIDENCE UNDERSTAND YOU ARE SUBJECT TO UNANNOUNCED HOME VISITS AND SEARCHES? _____

EMPLOYMENT PLAN:

- 1) NAME AND ADDRESS OF PLACE YOU WILL WORK: _____

- 2) NAME AND PHONE NUMBER OF YOUR SUPERVISOR: _____

- 3) RATE OF PAY AND NUMBER OF HOURS PER WEEK YOU WILL WORK:

- 4) HOW WILL YOU GET TO WORK? _____

- 5) IF SOMEONE IS DRIVING YOU TO WORK LIST THEIR NAME, PHONE NUMBER AND DATE OF BIRTH: _____

EDUCATION PLAN:

- 1) NAME AND ADDRESS OF SCHOOL: _____

- 2) CONTACT PERSON AND PHONE NUMBER: _____

- 3) WILL YOU BE A FULL TIME STUDENT? _____

TREATMENT PLAN

- 1) LIST TREATMENT/PROGRAM PLAN (SUBSTANCE ABUSE, SEX OFFENDER), AND NAME AND PHONE NUMBER OF TREATMENT PROVIDER: _____

INMATE SIGNATURE

DATE

COUNSELOR/CASE MANAGER SIGNATURE

DATE

ADMINISTRATIVE HOME CONFINEMENT ROUTING SHEET

SUBJECT: _____ BOOKING # _____ DATE: _____

Current Housing: _____ County of Proposed Residence: _____

ORIGINATOR _____ MINIMUM PAROLE DATE: _____
Victim/Witness Notification Y N (circle one). If yes, notified Victim Services Office on: _____
(REFER TO PRECATIONS/KEEP AWAY SCREEN ON THE AUTOMATED PRISON SYSTEM)

 CC/CM Signature

 Date

ADDRESSEE	DATE IN	DATE OUT	INITIALS	RECOMMEND
CC/CM & Unit Manager				
Comments:				
Classification				
Comments:				
Warden/Director of Community Corrections:				
Comments, if denied state reason:				
Offender Records				Judge's Letter Clears:
FIELD SVS:				
Comments:				
COMMISSIONER:				

COMMISSIONER – APPROVE FOR RELEASE ON THE FOLLOWING DATE _____

NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS
ELECTRONIC MONITORING PROGRAM AGREEMENT

I, _____, agree to participate in the Electronic Monitoring Program and agree to comply with the terms and conditions as specified below:

1. I am to reside at _____.
 Telephone number (_____) _____, at all times except:
 - a. Travel directly to and from my place of employment between the hours of _____ to _____.
 - b. Other authorized activities that are approved by the Parole Board or Probation/Parole Officer.
 - c. I will not leave my residence at any other time except in case of an emergency or when authorized in advance by my probation/parole officer. If I have to leave my residence for a bonafide emergency, I will first attempt to obtain permission from my probation/parole officer and if unable to do so, will report the emergency to my probation/parole officer as soon as possible and immediately call the New Hampshire State Prison at 271-1804. I understand that I may be required to furnish documentation to my probation/parole officer for any emergency departure from my schedule.
 - d. I will maintain a checking account for disbursement of funds and explain and prove all financial transactions to the satisfaction of my parole officer if requested to do so.
2. The duration of my participation in the electronic monitoring program shall be until paroled unless revoked.
3. I understand that my house arrest restrictions will be monitored through the use of electronic technology. I agree to wear a tamper-proof, non-removable device 24 hours a day for the entire duration of my participation. I understand and agree to maintain telephone service that is free of optional services (i.e. No call waiting, internet, answering machine, etc.) in my place of residence and further understand that verification of my status may be also accomplished by unannounced visits to my residence by my probation/parole officer.
4. I agree and consent to permit authorized persons in my place of residence for the purposes of inspection and maintenance of the monitoring device.
5. I understand that the purpose of the electronic monitoring program is to assist my probation/parole officer in verifying my compliance with AHC.
6. I understand that I am to immediately report any equipment problems or malfunctioning to my probation/parole officer and understand that I am responsible for any damage to the equipment.
7. I understand that my status may be revoked should I damage or otherwise tamper with the equipment.
8. I agree to return all equipment to the Department of Corrections in satisfactory working condition upon my completion of the Electronic Monitoring Program and should I fail to do so, may be prosecuted for theft, criminal mischief and/or probation/parole revocation should the equipment be in a damaged condition.

9. I waive any rights that may restrict, in any way, full searches and inspections of my person, property, possessions, or workplace(s). Those persons with whom I reside will also waive any such rights that they may have.
10. I agree to return to a New Hampshire Department of Corrections facility when so ordered by corrections authorities for any reason, or for no reason at all, and waive any rights to extradition or due process associated in any way therein.
11. I understand that failure to be at the specified place at the specified time or tampering with electronic monitoring devices constitutes escape and will result in return to prison to face additional administrative and judicial penalties.
12. I agree to pay the sum of \$_____ per week commencing on ____/____/____ directly to the monitoring company and understand that failure to do so may result in my removal from the program and return to custody.
13. I have read the above (or had the above read to me) and agree to comply with all conditions thereof.

Date

Resident

Date

Department of Corrections

AHC APPLICATION PROCESS

1. Inmates, along with Case Counselor/Case Manager, complete AHC Application, AHC Interview Form and Electronic Monitoring Form.
2. Case Counselor/Case Manager verifies information supplied by inmate and requests a synopsis and NCIC from Offender Records.
Time Frame: 5 Days
3. Case Counselor/Case Manager assembles synopsis, NCIC, PSI if available, probation/parole violation if applicable, aftercare plans, if applicable, routing sheet, treatment transfer plan and mittimus, and together with the Unit Manager makes a recommendation.
Time Frame: 1 Day
4. Case Counselor/Case Manager & Unit Manager sends to Classification Office for review, who forwards to the Warden/designee.
Time Frame: 2 Days
5. Warden/Director of Community Corrections forwards packet to Offender Records
6. Offender Records sends judge's letter and forwards to Field Services.
7. Field Office returns packet to Director's office with recommendation. (PPO may contact originator of plan (CC/CM) if any problems or concerns.)
Time Frame: 21 days
8. Director forwards to Commissioner's Office.
Time Frame: 1 Day
9. The Commissioner/designee forwards the approved/denied packet to Field Services Headquarters. Field Services notifies the monitoring company and PPO of approvals and forwards all original packets to Offender Records
Time Frame: 1 Day
10. The monitoring company coordinates the release date with Offender Records
Time Frame: 1 Day
11. Offender Records notifies Inmate Accounts, R&D Unit, and Facility at which the inmate is housed of the approval and release date.
Time Frame: 2 Days
12. Offender Records notifies the inmate of disapprovals.
13. A copy of the AHC packet is filed in the applicant's offender record.

NOTICE OF INTENT TO HIRE

Inmate Name _____

Booking Number _____ Social Security Number _____

Name of Company _____

Company Address _____

Company Phone _____

Job Title _____

Starting Salary _____ Hours/week _____

Date to Start (if known) _____

Supervisor's Name _____

Supervisor's Phone _____

As of this date the above-named person is being offered a job with the above-named company. This information may now be included in the pre-release/pre-parole plan.

Person Hiring_____
Inmate_____
Witness_____
Date

This Notice of Intent to Hire does not guarantee a job. Circumstances which affect either the company or the inmate may warrant a change in this agreement. The inmate will only be hired when he/she is physically able to start actual work.